SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Authorized Agent:

Address to send permit

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #: 20 - 0322

Date: 8 - 20 - 3030

Amount Paid: \$100 8 - 10 - 30

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT	REQUES	TED-	X	LAND USE S	ANITARY PRIVY	☐ CONDITION	AL USE SPECIA	LUSE B.O.A.	□ OTHER		
Owner's Name:	•	_			Mailing Address: 3		ity/State/Zip;		Telephone:		
Address of Proper	KL	<u> </u>	war	o Rd	City/State/Lip:	que	<u>Kiechalte</u>	1:54868	715.296.89 Cell Phone:		
745	C Q	Javy	y Shon	es Rd	Port	Chun	61: 54	1865	Cell Phone:		
Contractor:		6	0421.		Contractor Phone:	Plumber:			Plumber Phone:		
Authorized Agent:	(Person Sig	ning Appli	cation on beha	alf of Owner(s))	Agent Phone:	Agent Mailir	ng Address (include City	//State/7in):	Written		
						- Generalia	- Contract of the contract of	// otate/ 2.1p/.	Authorization		
h 20				्रा स					Attached See No		
PROJECT	Legal	Descrip	tion: (Use 1	Tax Statement)	Tax ID#	10-		Recorded Document:			
LOCATION					209	90		2020R	583474		
1/4, _		1/4	Gov't Lot			Doc# Lo	t(s) # Block #	Subdivision:			
2	a)	P177	1		Town of:			Lot Size	Acrongo		
Section 3	, Tow	nship _	50 N, F	Range W	Po	rt Win	,	Lot Size	Acreage 1.5		
	□ Is	Property	/Land withi	n_300 feet of River,	, Stream (incl. Intermittent)	Distance Struc	ture is from Shorelir	ie: Is your Prop	erty A. W. W. Mary de		
Shoreland -	Cree	k or Lan	dward side	of Floodplain?	If yescontinue —			feet in Floodpla Zone?	Are Wetlands Present?		
Shoreland -	'\s	Property	/Land withi	n 1000 feet of Lake		Distance Struc	ture is from Shorelin	ie: Yes	☐ Yes		
					If yescontinue			feet No	No		
☐ Non-Shoreland	d										
Value at Time						Total # of	W	hat Type of	Type of		
of Completion * include		Projec		Project	Project	bedrooms	Sewer/S	anitary System(s)	Water		
donated time		,		# of Stories	Foundation	on	THE PARTY OF THE P	the property or	on		
& material	New	Constr	ıction	☐ 1-Story	☐ Basement	property 1	□ Municipal/Cit	on the property?	property ☐ City		
		New Construction		☐ 1-Story +				ry Specify Type:			
\$ 2000	□ Addi	Addition/Alteration		Loft	☐ Foundation	□ 2			D Well		
\$ 3000	☐ Conv	nversion 2-Story			□ Slab	□ 3	☐ Sanitary (Exists) Specify Type:		X		
	□ Relo	cate (exi	sting bldg)		X Posts		Privy (Pit) or	□ Vaulted (min 20	00 gallon)		
		a Busin			Use	Privy (Pit) or Vaulted (min 200 gallon) None Portable (w/service contract)					
	Prop	erty			X Year Round		☐ Compost Toile	et .			
							☐ None				
Existing Structu	ıre: (if add	lition, alt	eration or bu	siness is being applie	ed for) Length:		Width:	Height	:		
Proposed Cons	truction:	(overa	ll dimension	ns)	Length:	30	Width: 니	Height	<u> </u>		
Proposed (lco	1			Duon and Church				Square		
Proposed	JSE				Proposed Structur	е		Dimensions	Footage		
				Structure (first s ce (i.e. cabin, hunt	structure on property)			(X)		
V			Resident	with Loft	ting snack, etc.)		(X)			
Residentia	Residential Use						1				
				with a Porch				(X)		
				with (2 nd) Por	ch			(X)		
		,		with (2 nd) Pore with a Deck				(x (x)		
☐ Commerci				with (2 nd) Pore with a Deck with (2 nd) Dec	k			(X (X (X))))		
☐ Commerci		,	Runkhou	with (2 nd) Pore with a Deck with (2 nd) Dec with Attached	k I Garage	or □ cooking 0	food man facilities	())))		
☐ Commerci				with (2 nd) Pore with a Deck with (2 nd) Dec with Attached use w/ (□ sanitary,	k d Garage or □ sleeping quarters,		NNN	()))))		
	al Use	, 	Mobile I	with (2 nd) Pore with a Deck with (2 nd) Dec with Attached use w/ (sanitary, Home (manufacture	lk d Garage or □ sleeping quarters, ed date)		NNN	())))))		
☐ Commerci	al Use		Mobile I	with (2 nd) Pore with a Deck with (2 nd) Dec with Attached use w/ (□ sanitary,	ck d Garage or □ sleeping quarters, ed date) ain)		NNN	()		
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	al Use		Mobile H Addition Accesso Accesso	with (2 nd) Pore with a Deck with (2 nd) Dec with Attached use w/ (□ sanitary, Home (manufacture n/Alteration (explain ry Building (Additional)	or □ sleeping quarters, ed date) ain) Shairs to light	Lake Platforme	be af Shirs	(X (X (X (X (X (X (X (X (X (X			
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Municipal	al Use Use	(including a accuracy)	Mobile H Addition Accesso Accesso Special L Conditio Other: (e	with (2 nd) Pore with a Deck with (2 nd) Dec with Attached use w/ (sanitary, Home (manufacture n/Alteration (explain ry Building (explain ry Building Additi Use: (explain) explain) explain) OOBTAIN A PERMIT or one information) has been end (we) am (are) providing	d Garage or □ sleeping quarters, ed date) ain) n) Stairs to lion/Alteration (explain) STARTING CONSTRUCTION V examined by me (us) and to the be and that it will be relied upon by 8	Plat form	WILL RESULT IN PENALT dge and belief it is true, corremining whether to issue a	())) nowledge that I (we) am Liability which may be a		
Municipal	al Use Use	(including a accuracy)	Mobile H Addition Accesso Accesso Special L Conditio Other: (e	with (2 nd) Pore with a Deck with (2 nd) Dec with Attached use w/ (sanitary, Home (manufacture n/Alteration (explain ry Building (explain ry Building Additi Use: (explain) explain) explain) OOBTAIN A PERMIT or one information) has been end (we) am (are) providing	d Garage or □ sleeping quarters, ed date) ain) ion/Alteration (explain) STARTING CONSTRUCTION V examined by me (us) and to the be	Plat form	WILL RESULT IN PENALT dge and belief it is true, corremining whether to issue a	())) nowledge that I (we) am Liability which may be a		
I (we) declare that this (are) responsible for t result of Bayfield Couproperty at any reason Owner(s):	al Use Use sapplication the detail and nty relying on the lime of	(including a accuracy on tylis information party)	Mobile H Addition Accesso Accesso Special L Conditio Other: (e) FAILURE TO accompanyii all information action I (we) anse of in section	with (2 nd) Pore with a Deck with (2 nd) Dec with Attached use w/ (□ sanitary, Home (manufacture n/Alteration (explain ry Building (explain ry Building Additi Jse: (explain) nal Use: (explain) explain) contain A PERMIT or no information) has been en in (we) am (are) providing in (are) providing in or with	d Garage or □ sleeping quarters, ed date) ain) n) Stairs to lion/Alteration (explain) STARTING CONSTRUCTION V examined by me (us) and to the be and that it will be relied upon by 8	VITHOUT A PERMIT st of my (our) knowle sayfield County in det o county officials chair	WILL RESULT IN PENAL dge and belief it is true, corremining whether to issue a ged with administering cour	())) nowledge that I (we) am Liability which may be a		

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

If you recently purchased the property send your Recorded Deed

Attach Copy of Tax Statement w. Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCII

Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan

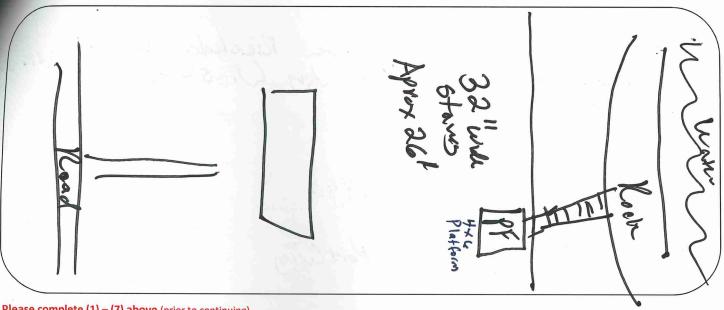
Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)

(3) Show: All Existing Structures on your Property (4)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show: (5)

Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6)

Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements	
Setback from the Centerline of Platted Road	250 Feet		Cathook from the Lake (audinous high system would)	•	F
			Setback from the Lake (ordinary high-water mark)	0	Feet
Setback from the Established Right-of-Way	2 () Feet		Setback from the River, Stream, Creek		Feet
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	Feet				
Setback from the South Lot Line	396 Feet		Setback from Wetland		Feet
Setback from the West Lot Line	u5 Feet		20% Slope Area on the property	☐ Yes	□No
Setback from the East Lot Line	56 Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	Feet		Setback to Well		Feet
Setback to Drain Field	Feet				
Setback to Privy (Portable, Composting)	Feet				
Drigg to the placement or construction of a total to 1401 c.		7.77			

ent or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the rior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible fro one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 20 -0000	Permit Date: 8 20	0-20					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigue Yes Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required			
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Ves No	Previously Granted by Variance (B.O.A.) Ures No Case #:				
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Wes					
Inspection Record: Owner on - 5, le an	y brobart	lines identif	rel.	Zoning District (//) Lakes Classification ()			
Date of Inspection: 8-3-20	Inspected by:	del Norwa	100	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? I Yes I No-(If No they need to be attached.) Use Construction best management practices to minimize adverse impact to bluff/shoreline, Structure shall be inconspictored; must ment side yard Setback.							
Signature of Inspector:	ord			Date of Approval: 8-20 - 20			
Hold For Sanitary: Hold For TBA:	Hold For Aff	idavit: 🗌	Hold For Fees:				

City, Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

								Swant							
Location:	_	1/4	of	-	1/4	Section	30	Township	50	N.	Range	8	W.	Town of	Port Wing
Gov't Lot	2		Ŀ	.ot	2	Blo	ck	Sul	odivisio	on				CSM# 6	13

For: Residential Other: [Stairs to the Lake (26' x 3') = 78 sq. ft.; Platform (4' x 6') = 24 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Use construction best management practices to minimize adverse impact to bluff / shoreline.

Structure shall be inconspicuously colored. Must meet side yard setback.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

August 20, 2020

Date

SUBMIT: COMPLETED APPLIES N, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**



Permit #: 20-0201 Date: Amount Paid: 8-7-20 Refund: \$ 175.00

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

INSTRUCTIONS: No permits will be issued until all fees are paid.

DO NOT START CO	NSTRUCTIO	N UNTIL	ALL PERMITS	HAVE BEEN ISSUED TO	APPLICANT. Origina	Application MU	ST be submitted	FILL OUT IN INK	NO PEN	NCIL)
TYPE OF PERMIT	T REQUES	TED-	- 1	LAND USE SA	ANITARY PRIVY	☐ CONDITION	AL USE SPECIA		□ OTHE	
Owner's Name:	5		T	N	Mailing Address: 3		City/State/Zip:	1.	Telepho	nne:
Address of Proper	ty:	wa	<i>h</i> //	.0.1	City/State/Zip:	gave	1 CICE Lake	LW: 5486	115.	196-844
145	4 G	LUAN	ry 6h	medlel	Porth	ling W	. 5486	6	Cell Pho	one:
Contractor:	SUST	ulsa	n_		ontractor Phone:	Plumber:		To a	Plumbe	r Phone:
Authorized Agent	(Person Sig	ning Appli	ication on beha	alf of Owner(s)) A	gent Phone:	Agent Mailir	ng Address (include Cit	y/State/Zip):	Writter	1
					4			f	Authori Attache	
					Tax ID#		- 1	B	☐ Yes	□ No
PROJECT LOCATION	Legal	Descrip	tion: (Use 1	Tax Statement)	2	8490		Recorded Document:	(Showing (Ownership)
		. 13	Gov't Lot	Lot(s) CSN	/I Vol & Page CS	M Doc# Lo	ot(s) # Block #	Subdivision:		
1/4, _		1/4	12	2 61	3)		
Section 3	, Tov	vnship 🗍	150 N, F	Range R W	Town of:	ortwin	P	Lot Size	Acre	
Syd Chart serie										1.5
1.	Cree	Property k or Lan	//Land withi dward side (Stream (incl. Intermittent) If yescontinue —	Distance Struc	cture is from Shorelin	ne : Is your Prope feet in Floodplai	, Δ	re Wetlands
Shoreland -				n 1000 feet of Lake,	•	Distance Struc	cture is from Shorelin	Zone?		Present? Ves
					If yescontinue -		75	feet Yes		No
☐ Non-Shorelan	d									
Value at Time						Total # of		hat Tune of		Tour
of Completion * include		Projec		Project	Project	bedrooms		hat Type of anitary System(s)		Type of Water
donated time		Projec	•	# of Stories	Foundation	on	ls on t	the property or		on
& material	Ø Name	Count	•			property	The state of the s	on the property?		property
	⊀ New			☐ 1-Story ☐ 1-Story +	Basement		☐ Municipal/Cit	y Specify Type:		☐ City
¢ QAAD	☐ Addi	Addition/Alteration		Loft	☐ Foundation	□ 2		у эреспутуре.		☐ Well
\$ 8000	☐ Conv	Conversion		☐ 2-Story	□ Slab	□ 3	☐ Sanitary (Exis	xists) Specify Type:		×
	☐ Relo	cate (exi	sting bldg)				□ Privy (Pit) or	☐ Vaulted (min 200	O gallon)	
		a Busine	ess on		Use	None	☐ Portable (w/se		- 8]
	Prop	ertv			Year Round	100	☐ Compost Toile	ot .		
	П	city								1
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Original Application MUST be submitted

Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

ox below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

Show Location of: Proposed Construction (2) Show / Indicate: North (N) on Plot Plan

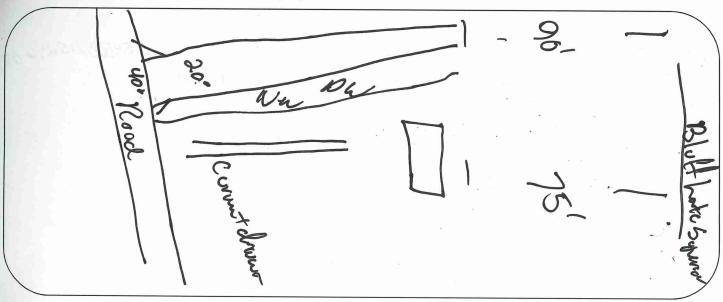
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)

(4)Show: All Existing Structures on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% Show any (*):

(7) Show any (*):



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements	Description	Setback Measurements	
Sathada from the Contaction of District Day				
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	/30 75 Feet	
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet	
		Setback from the Bank or Bluff	Feet	
Setback from the North Lot Line	130 Feet			
Setback from the South Lot Line	Feet Feet	Setback from Wetland	Feet	
Setback from the West Lot Line	40 Feet	20% Slope Area on the property	☐ Yes ☐ No	
Setback from the East Lot Line	45 Feet	Elevation of Floodplain	Feet	
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet	
Setback to Drain Field	Feet		1000	
Setback to Privy (Portable, Composting)	Feet			
	t of the minimum required setback, the	boundary line from which the setback must be measured must be visible from	and analytic value and a constant	

eviously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 20 - 000	Permit Date: 8-20	-බුව					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes) Yes (Fused/Contigue) Yes Ye	d) No ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required			
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Variance (B.O.A.) □ Yes No Case #:					
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Ves Ves					
Inspection Record: ou ner on-site along location identified. Appears co old access will be used for first	new Exercised	Zoning District (P I) Lakes Classification (I)					
bate of hispection. 8-3-20	Inspected by:	1 Dorwood		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? I Yes I No-(If No they need to be attached.) Grading activities should be kept to the minimum amount required to complete project. Construction best management practices shall be used to minimum elosion. Revegetate bare ground following work.							
Signature of Inspector:	orl			Date of Approval:			
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees: 🗌				

wn, City, Village, State or Federal armits May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL - Class A
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Michael Swant 20-0221 Issued To: No. Town of **Port Wina** 30 50 Location: Section Township Range 8 W. CSM# 613 Gov't Lot Lot 2 Block Subdivision

For: Residential Other: [Shoreland Grading(150' x 20') = 3,000 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Grading activities should be kept to the minimum amount required to complete project.

Construction best management practices shall be used to minimize erosion. Revegetate bare ground following work.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

August 20, 2020

Todd Norwood

Authorized Issuing Official

Date

or if any prohibitory conditions are violated.

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - 20-126S
SIGN SPECIAL - TBA
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

Issued To: MATHEW M PAMER No: 07262002-2020 Tax ID: 27867 Location: SW SW IN DOC 2020R-582761 Section 03 Township 49 N. Range 08 W. **PORT WING** 92 Subdivision: CSM# Govt Lot 0 Block Lot For Residential / Residence / 54L x 34W x 8H Condition(s): Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks. This permit expires one year from date of issuance if the authorized **Todd Norwood** construction work or land use has not begun. **Authorized Issuing Official** Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the Mon Aug 17 2020 application information is found to have been misrepresented, erroneous, or incomplete. Date This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.